

PLEASE DO NOT WRITE IN THIS BOX, FOR LIBRARY USE ONLY

Last Name		First	Initial
24515		Bor.#	
Date	/	/	West <input type="checkbox"/> Children's <input type="checkbox"/>

(OPTIONAL) SS# - - D.O.B. / /

✓ Name

✓ Address

✓ City State Zip Ward

✓ E-Mail

✓ Home Ph Cell Ph Employer Ph

Alt. Address Alt. Phone

Alt. City State Zip

continue on back ►

✓ Employer

✓ Employer's Address

School Grade

Parent's Name *(Please Print)*

Parent's Signature *(Required if Under 18)*

I understand and agree to comply with all library rules & regulations; to pay all fines and fees for late, damaged or lost materials and that all information stated above is accurate.

I understand a debt collect agency is used for accounts with balances of \$25 or more.

I agree to be responsible for both the balance and any fee added by the collection agency.

✓ Borrower's Signature

Below this line for staff use only

ID (Photo) Staff Initials

Revised 4-24-07